

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/58322</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			\				51						
2				\			52						
3				\			53						
4				\			54						
5				\			55						
6				\			56						
7				\			57						
8			_____	\			58						
9				\			59						
10			_____	\			60						
11			_____	\			61						
12			_____	\			62						
13			_____	\			63						
14				\			64						
15			_____	\			65						
16			_____	\			66						
17				\			67						
18				\			68						
19				\			69						
20				\			70						
21				\			71						
22				\			72						
23				\			73						
24				\			74						
25				\			75						
26				\			76						
27				\			77						
28				\			78						
29				\			79						
30			\	\			80						
31				\			81						
32				\			82						
33				\			83						
34				\			84						
35				\			85						
36			_____	\			86						
37			_____	\			87						
38			_____	\			88						
39			_____	\			89						
40			_____	\			90						
41			_____	\			91						
42			\	\			92						
43				\			93						
44				\			94						
45				\			95						
46				\			96						
47				\			97						
48				\			98						
49				\			99						
50				\			100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	30	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			33				TOTAL CLAIMS						